SUPPLEMENT ATTACHED	Cloudt.
1. County of ARIZONA STATE BOARD OF HEALTH	
District ofBUREAU OF VI	PAL STATISTICS State Index No. 55
Town of ORIGINAL CERTIF	FICATE OF BIRTH County Registrar No.
or he all mind let	Local Registrar No. DLO St. Ward
(If birth occurred in a haspital or institution, give its NAME instead of street and number)	
Full name of child	l f child is not yet named, make supplemental report, as directed.
To be answered ONLY in event of plural births.	7. Date way 1910
	14. MOTHER
Full name Maurice Claud	Full hasidén name delia
9. Residence (Usual place of abode) Thidland Ch	15. Residence (Usual place of abode) Weller
is nonresident, give place and state au. Meg	If nonresident, give place and state
10. Color or reconstruction of the state of	16. Color of face 17. Age at last birthday 314 (Years)
	18. Birthplace (city or place)
(State or country)	(State or country) WWW MWW (O)
13. Occupation	19. Occupation
Nature of Industry Laborat	Neture of industry Hausewith
	iving 21. Were precautions, taken against oph-
(Taken as of time of birth of child herein (b) Born alive but now detertified and including this child.) (c) Stillborn	1/40
CERTIFICATE OF ATTENDING	1) Late
hereby certify that I attended the birth of this child, who with (Bor	n alive se stilliber at above stated.
*When there was no attending physician or midwife, then the father, householder, etc., Signature	son Whaylon
should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Address	Wavis Ophysician of midwife)
Given name added from supplemental report Filed	18 1928 3 4 Wyblinen only
Month, day, year. Filad	Local Registrar.
Registrar.	- 200 County Registrar.
7.70.70.7	

0

(1)